

Family and Child Development

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V(A). Planned Program (Summary)

1. Name of the Planned Program

Family and Child Development

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and

| KA Code | Knowledge Area | %1862 Extension | %1890 Extension | %1862 Research | %1890 Research |
|---------|---|-----------------|-----------------|----------------|----------------|
| 802 | Human Development and Family Well-Being | 70% | 70% | | |
| 803 | Sociological and Technological Change Affecting Indiv | 10% | 10% | | |
| 806 | Youth Development | 20% | 20% | | |
| | Total | 100% | 100% | | |

V(C). Planned Program (Inputs)

1. Actual amount of professional FTE/SYs expended this Program

| Year: 2007 | Extension | | Research | |
|---------------|-----------|------|----------|------|
| | 1862 | 1890 | 1862 | 1890 |
| Plan | 19.7 | 3.9 | 0.0 | 0.0 |
| Actual | 17.4 | 3.8 | 0.0 | 0.0 |

2. Actual dollars expended in this Program (includes Carryover Funds from previous years)

| Extension | | Research | |
|--|---------------------------------|----------------------------|----------------------------|
| Smith-Lever 3b & 3c 338126 | 1890 Extension 223344 | Hatch 0 | Evans-Allen 0 |
| 1862 Matching 416180 | 1890 Matching 223344 | 1862 Matching 0 | 1890 Matching 0 |
| 1862 All Other 1254494 | 1890 All Other 393399 | 1862 All Other 0 | 1890 All Other 0 |

V(D). Planned Program (Activity)

1. Brief description of the Activity

With the steady rise in the number of working parents of children--from infancy through preschool-age--comes an increasing need for safe, affordable, quality child care. Parents must rely on child care providers to care for their children, and the need to know that their children will be well cared for. The ability of child care providers to meet State of Alabama licensing requirements and, most importantly, to provide children and families with high quality child care depends upon the accessibility and availability of quality education and training. Early childcare settings are increasingly responsible for the care and early learning opportunities that young children need in order to be ready to succeed in school.

The purpose of this project is to address the educational needs of child care providers licensed to care for children in center-based or home-based businesses. Research shows that providers who are well-trained are more effective at providing the early learning and care experiences that contribute positively to young children's healthy development. In this project, Extension agents provide training intended to produce a gain in knowledge and understanding of child care practices in 6 key areas designated by the Alabama Department of Human Resources: Health and Safety, Child Development, Language Development & Learning, Discipline, Quality Child Care, and Caring for the Professional and the Family.

Between January 1 and December 31, 2007, agents conducted training workshops using one or more of the following facilitative, group-session formats: The Alabama Child Care Training Manual ([ACCTM](#)), the Better Kid Care satellite/video series ([BKC](#)), the Caregivers Caring for the Future workshop series ([CCF](#)) and the Right from Birth video series. In addition, 20 mentors working statewide with the Family Child Care Partnerships program, under the direction of the Family and Child Development (early childhood) Specialist, conducted one-on-one educational sessions, as well as group workshops, using a combination of ACES, CYFAR, and other research-based resources.

2. Brief description of the target audience

The target audience for the educational programming provided in this area includes child care providers licensed to care for children in center-based or home-based businesses, as well as other individuals pursuing specialized knowledge as participants in the early childhood care and education profession. This audience includes Center Directors, Center Teachers, Center Support Staff, Family child care home providers, Group child care home providers, Group child care home assistants, prospective child care licensees, and others, such as providers's family members, substitutes, and State licensing agents.

Our purpose in targeting this audience is based in extensive research which connects the quality of care (in the home or in child care settings) that children experience prior to entering the formal educational environment with their subsequent academic and social trajectories. Much of this research shows that the average child care setting in the United States provides mediocre care. With the increasing number of parents of young children entering the workforce and requiring child care in order to work, training and education initiatives are key to increasing the quality of care being provided to children.

A particular target of our programming is the family child care provider. Briefly defined, family child care settings are privately-owned enterprises offering paid, non-relative care in the care provider's home. The externally funded program, Family Child Care Partnerships (FCCP), FCCP focuses on Alabama's family child care providers because large segments of this audience have limited exposure to opportunities for training and professional networking. Family child care providers are some of the lowest paid workers in our economy. They find it challenging to consider doing "more" than the minimum, when doing so requires time and money to drive long distances to training on weeknights or weekends or to make arrangements to attend workshops offered only during the workday. The path to moving family child care providers beyond the minimum to the highest standards of child care requires creating opportunities for frequent, accessible, specialized training as well as professionalism experiences. Through its in-home mentoring approach, FCCP aims to create such opportunities and to overcome the relevance, time, and distance barriers that limit provider participation in professional development activities associated with the ability to provide high quality care.

V(E). Planned Program (Outputs)**1. Standard output measures****Target for the number of persons (contacts) reached through direct and indirect contact methods**

| | Direct Contacts Adults | Indirect Contacts Adults | Direct Contacts Youth | Indirect Contacts Youth |
|-------------|-----------------------------------|-------------------------------------|----------------------------------|------------------------------------|
| Year | Target | Target | Target | Target |
| Plan | 42000 | 165000 | 20000 | 75000 |
| 2007 | 3597 | 69275 | 0 | 0 |

2. Number of Patent Applications Submitted (Standard Research Output)**Patent Applications Submitted****Year Target****Plan:** 0

2007: 0

Patents listed**3. Publications (Standard General Output Measure)****Number of Peer Reviewed Publications**

| | Extension | Research | Total |
|-------------|------------------|-----------------|--------------|
| Plan | | | |
| 2007 | 1 | 1 | 2 |

V(F). State Defined Outputs**Output Target****Output #1****Output Measure**

- ? This program area will include numerous output activities and methods as part of the Extension Team Projects (ETPs) which are described/explained in the prior "outcome activities and methods sections." The success of many of these outcomes will be formally evaluated/measured by using individual activity evaluation forms designed specifically for each activity, the success of other activities and methods will be measured by the level of participation in the activity. In the target boxes below for each year, we are indicating the number of individual activities within the ETPs for this program area that will be formally evaluated using an evaluation instrument designed specifically for that activity.

| Year | Target | Actual |
|-------------|---------------|---------------|
| 2007 | 9 | 0 |

Output #2**Output Measure**

- ? Group training workshops. Agents and grant-funded mentors address multiple educational needs of licensed and potential child care providers through facilitation of workshops providing information and hands-on experience related to basic child care, health, and safety issues; space and furnishings for care and learning; child development issues and children's language and reasoning skills; planning and conducting learning activities; discipline and children's social development; and professional business practices and relationships with parents. Workshops run 1.5 - 2 hours and participants are provided with training certificates that count toward the total 20 hours of training required to retain state licensure.

| Year | Target | Actual |
|-------------|-------------------|---------------|
| 2007 | {No Data Entered} | 222 |

Output #3**Output Measure**

- ? One-on-one mentoring visits to the homes of individual family child care providers. Mentoring visits are scheduled on a weekly or bi-weekly basis and average approximately 2.5 hours per visit. Mentor-provider interactions involve a combination of conversation about provider desires and needs for quality improvement, problem solving and developing action plans to achieve short-term and long-term goals, informal instruction through modeling developmentally appropriate adult-child interactions, and discussing and providing research-based information in the form of handouts and publications relevant to provider concerns. The amount of mentoring visits reported represent the total number visits made statewide.

| Year | Target | Actual |
|-------------|-------------------|---------------|
| 2007 | {No Data Entered} | 5430 |

Output #4**Output Measure**

- ? Training hours. Certificates officially numbering completed training hours are issued quarterly to group training participants and providers enrolled in the mentoring program and to participants in group training workshops. These certify the content covered (relevant to each of the six Alabama Department of Human Resources training categories required) and amount of time mentors and providers engaged in interactions related to each training category. The amount of training hours reported represents the total number of training hours issued across all categories.

| Year | Target | Actual |
|-------------|-------------------|---------------|
| 2007 | {No Data Entered} | 16985 |

Output #5**Output Measure**

- ? Collaborations. Relationships with other organizations and agencies who support the development of a high quality early childhood care and education workforce is an important component of creating a professional network on which providers can rely for support in their work. Through the Focus on Family Child Care Annual Conference, organized and implemented in July 2007 by FCCP, participants were given a choice of 25 different workshops over a two-day period. Collaboration with Child Care management Agency trainers and resulted in the participation of 40 presenters, speakers, exhibitors, and vendors. In addition, individual mentors and FCCP staff worked with individuals from 18 other child care quality enhancement projects funded by the Alabama Department of Human Resources.

| Year | Target | Actual |
|-------------|-------------------|---------------|
| 2007 | {No Data Entered} | 58 |

V(G). State Defined Outcomes

| O No. | Outcome Name |
|-------|--|
| 1 | A major outcome will be the number of parents who participate in Extension sponsored parenting training. |
| 2 | Each ACES employee is required to provide a success story on the program activity which they felt best demonstrates the impacts of their work. These success stories contain the following elements: Why: Explain the reason the program was done, or the situation or problem that the program addressed What: Specifically what was done and how it was done. When: If this was a one-time event, the date it occurred. If it is was a series of events, or an on-going program, when it began. Where: Specific location-- the county or counties involved. Who and how many: The "who" includes both who did the program and who were the clients of the program, as well as how many people were served. So what: This is the part that gives the real meaning to "success". The basic question to be answered in this part is "what difference did this program make". The difference may be measured in terms of dollars, or in changes in habits, lifestyles or attitudes. Whenever possible use numbers to show the effect of the program. If it is not possible to use numbers, provide a qualitative measurement like client comments or another type of testimonial about the program. Since this program area is very broad in scope and contains multiple Extension Team Projects which have different outcomes measures, the impacts for this program area are best measured in the number and quality of the success stories generated by the individuals who work on these projects. Therefore, one very significant outcome measure is the number of success stories generated. |
| 3 | For 208 group-based workshops, indicators of change in knowledge were administered through a retrospective pre/post-test format, each containing 8 questions based on the specific workshop content. The average percentage increase in participant knowledge across all 208 workshops is reported under 'actual' and reflects the responses of the 1634 participants who completed these evaluations. |
| 4 | Assessment of quality in the caregiving practices of family child care providers enrolled in the Family Child Care Partnerships (FCCP) program was carried out a minimum of two times per year with 190 providers enrolled in the Family Child Care Partnerships program. The initial assessment was conducted using a nationally standardized instrument, the 32-item Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989). Mentors assessed items on a 7-point scale, with 7 being the highest quality rating. The final assessment in 2007 was a revision of this instrument, the 38-item Family Child Care Environments Rating Scale (FCCERS; Harms & Clifford, 2007), also assessed on a 7-point. Information about change in aggregated provider scores between Time 1 and the final assessment in 2007 is provided in the qualitative outcomes section below. |

Outcome #1**1. Outcome**

A major outcome will be the number of parents who participate in Extension sponsored parenting training.

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

| Year | Quantitative Target | Actual |
|------|---------------------|--------|
| 2007 | 200 | 0 |

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

| KA Code | Knowledge Area |
|---------|---|
| 806 | Youth Development |
| 803 | Sociological and Technological Change Affecting Individuals, Families and Communities |
| 802 | Human Development and Family Well-Being |

Outcome #2**1. Outcome**

Each ACES employee is required to provide a success story on the program activity which they felt best demonstrates the impacts of their work. These success stories contain the following elements: Why: Explain the reason the program was done, or the situation or problem that the program addressed What: Specifically what was done and how it was done. When: If this was a one-time event, the date it occurred. If it is was a series of events, or an on-going program, when it began. Where: Specific location-- the county or counties involved. Who and how many: The "who" includes both who did the program and who were the clients of the program, as well as how many people were served. So what: This is the part that gives the real meaning to "success". The basic question to be answered in this part is "what difference did this program make". The difference may be measured in terms of dollars, or in changes in habits, lifestyles or attitudes. Whenever possible use numbers to show the effect of the program. If it is not possible to use numbers, provide a qualitative measurement like client comments or another type of testimonial about the program. Since this program area is very broad in scope and contains multiple Extension Team Projects which have different outcomes measures, the impacts for this program area are best measured in the number and quality of the success stories generated by the individuals who work on these projects. Therefore, one very significant outcome measure is the number of success stories generated.

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

| Year | Quantitative Target | Actual |
|------|---------------------|--------|
| 2007 | 15 | 0 |

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)****What has been done****Results****4. Associated Knowledge Areas**

| KA Code | Knowledge Area |
|---------|---|
| 802 | Human Development and Family Well-Being |
| 803 | Sociological and Technological Change Affecting Individuals, Families and Communities |
| 806 | Youth Development |

Outcome #3**1. Outcome**

For 208 group-based workshops, indicators of change in knowledge were administered through a retrospective pre/post-test format, each containing 8 questions based on the specific workshop content. The average percentage increase in participant knowledge across all 208 workshops is reported under 'actual' and reflects the responses of the 1634 participants who completed these evaluations.

2. Associated Institution Types

•1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

| Year | Quantitative Target | Actual |
|------|---------------------|--------|
| 2007 | {No Data Entered} | 27 |

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

Changes in knowledge precede the ability to change one's behavior, although they do not guarantee it. For the child care professionals who attend these group-based workshops, an increase in knowledge is part of what is required before we can reasonably expect any change in caregiving behaviors. The knowledge and behaviors required to provide high quality caregiving practices are not a matter of simple "mothering" or "babysitting." The quality standards that child care providers are required to adhere to by state licensing standards are extensive, involving specialized knowledge in basic child care, health, and safety issues; space and furnishings for care and learning; child development issues and children's language and reasoning skills; planning and conducting learning activities; discipline and children's social development; and professional business practices and relationships with parents. When providers have this specialized knowledge, they are much more likely to employ high quality child care practices. Research is clear that academically and socially desirable developmental outcomes for children who experience high quality care are significantly better than for children who experience mediocre quality care.

What has been done

Changes in knowledge precede the ability to change one's behavior, although they do not guarantee it. For the child care professionals who attend these group-based workshops, an increase in knowledge is part of what is required before we can reasonably expect any change in caregiving behaviors. The knowledge and behaviors required to provide high quality caregiving practices are not a matter of simple "mothering" or "babysitting." The quality standards that child care providers are required to adhere to by state licensing standards are extensive, involving specialized knowledge in basic child care, health, and safety issues; space and furnishings for care and learning; child development issues and children's language and reasoning skills; planning and conducting learning activities; discipline and children's social development; and professional business practices and relationships with parents. When providers have this specialized knowledge, they are much more likely to employ high quality child care practices. Research is clear that academically and socially desirable developmental outcomes for children who experience high quality care are significantly better than for children who experience mediocre quality care.

Results

An average percentage increase of 27% in participant knowledge was seen across 1634 child care professionals who attended one or more of the 208 workshops presented. On an individual level, an increase of 27% in knowledge is substantial. In the classroom, any teacher would be thrilled to see a student move from doing C-level work to A-level work; that kind of movement is what is seen in these results. In addition, we know that a significant proportion of the participants in our programs have been in child care for over 5 years. The fact that these caregivers continue to learn new things suggests that our workshops are relevant to their current and emerging concerns.

4. Associated Knowledge Areas

| KA Code | Knowledge Area |
|----------------|---|
| 802 | Human Development and Family Well-Being |

Outcome #4**1. Outcome**

Assessment of quality in the caregiving practices of family child care providers enrolled in the Family Child Care Partnerships (FCCP) program was carried out a minimum of two times per year with 190 providers enrolled in the Family Child Care Partnerships program. The initial assessment was conducted using a nationally standardized instrument, the 32-item Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989). Mentors assessed items on a 7-point scale, with 7 being the highest quality rating. The final assessment in 2007 was a revision of this instrument, the 38-item Family Child Care Environments Rating Scale (FCCERS; Harms & Clifford, 2007), also assessed on a 7-point. Information about change in aggregated provider scores between Time 1 and the final assessment in 2007 is provided in the qualitative outcomes section below.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

| Year | Quantitative Target | Actual |
|-------------|----------------------------|---------------|
| 2007 | {No Data Entered} | 0 |

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

A large body of high quality, longitudinal research in the child care field indicates that the quality of caregiving practices has direct implications for the developmental outcomes for children. The use of a standardized measurement tool to assess actual provider behavior is invaluable for identifying needs related to improving those outcomes. These assessments also offer insight into where improvements in the program itself would lead to increased effectiveness with the target audience.

What has been done

We used a nationally standardized family child care quality rating instrument (FDCRS, 1989) and its updated revision (FCCERS, 2007) to assess the practices of 190 providers in their child care homes at the beginning and end of the year. Scale authors have not yet proposed a method for comparing scores on the two measures, but indicate that an average of a half-point decrease should be expected on the FCCERS (personal communication, Harms, 2007).

Results

Mentor assessments during the first quarter of the project year showed that FCCP providers in the aggregate averaged 4.47 across all FDCRS items. Note that on the national level, the average score across all 32-items is 3. End-of-year assessments showed that FCCP providers in the aggregate averaged 4.10 across all FCCERS items. From initial to end-of-year assessment, within comparable (but not identical subscales), improvement can be seen in social development indicators, raising quality for the average provider almost one point (+0.80). A decline in scores of the same magnitude is seen for indicators of basic care and needs (-0.80). Similarly, the learning activities subscale saw a decline of about three-quarters of one point (-0.78).

4. Associated Knowledge Areas

| KA Code | Knowledge Area |
|---------|---|
| 802 | Human Development and Family Well-Being |

V(H). Planned Program (External Factors)

External factors which affected outcomes

- ? Other (Used updated, more stringent Time 2 assessment instrument.)

Brief Explanation

The standardized measure used to assess behavior changes in quality in family child care at Time 2 was revised and updated to reflect recent research on high quality care. Thus, its assessment standards were more stringent, resulting in lower scores on the Time 2 outcomes, compared to Time 1.

Authors of the two scales, the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989) and the Family Child Care Environments Rating Scale (FCCERS; Harms & Clifford, 2007) have not yet provided published data that scientifically evaluates differences in the scores between the two measures

but have indicated that scores on the FCCERS will be lower than those on the FDCRS, in part due to increased stringency in health and safety expectations. Personal communication with one of the authors (Harms, 2007) suggested that a half-point decrease should be expected.

An examination of the results shows that, within comparable (but not identical subscales), improvement can be seen in social development indicators, raising quality for the average provider almost one point (+0.80). A decline in scores of the same magnitude is seen for indicators of basic care and needs (-0.80). We are not surprised by this, since the FCCERS now includes the most stringent health and safety practices adopted from the Centers for Disease Control and the American Academy of Pediatrics. Similarly, the learning activities subscale saw a decline of about three-quarters of one point (-0.78). With the FCCERS, there is now an emphasis on accessibility of learning materials, involving allowing children to choose what they want to play with and having age-appropriate materials accessible for much of the day. This is a new concept for many providers that we are adapting our materials and training our mentors to address. While the particular subscales described above decreased more than the .50 estimated by Dr. Harms, we note that the overall FDCRS total did not decrease by quite that much (-.37); however, it is unclear how to evaluate this change at the present time. Certainly, 2008 outcomes will be more interpretable as both the initial and final assessment will be done using the FCCERS.

V(I). Planned Program (Evaluation Studies and Data Collection)

1. Evaluation Studies Planned

- ? Before-After (before and after program)
- ? During (during program)

Evaluation Results

Over 220 workshops were conducted to provide specialized knowledge over the broad range of categories of expertise required to meet child care licensing requirements for training (20 hours per year). A total of 3,498 training hours were awarded to workshop participants. An average percentage increase of 27% in participant knowledge was seen across the 1634 child care professionals who attended and filled out post-pretest evaluations.

The Family Child Care Partnerships program conducted 5,430 on-site mentoring visits in the homes (i.e., child care settings) of more than 220 providers statewide. A total of 13,487 training hours were issued to these mentored providers. Mentor assessments during the first quarter of the project year showed that FCCP providers in the aggregate averaged 4.47 across all FDCRS items (where a score of 7 reflects the highest quality care and 1 reflects unacceptable quality). Note that on a national level, the average score across all 32-items is 3. End-of-year assessments showed that FCCP providers in the aggregate averaged 4.10 across all FCCERS items. From initial to end-of-year assessment, within comparable (but not identical subscales), improvement can be seen in social development indicators, raising quality for the average provider almost one point (+0.80). A decline in scores of the same magnitude is seen for indicators of basic care and needs (-0.80). Similarly, the learning activities subscale saw a decline of about three-quarters of one point (-0.78).

Key Items of Evaluation

The ability of child care providers to meet State of Alabama licensing requirements and to provide children and families with high quality child care depends upon the accessibility and availability of quality education and training. The educational efforts we have undertaken in this specific area of focus have offered Alabama providers multiple group and one-on-one training opportunities, especially in rural areas of the state where training is often difficult to access. Evaluation results have demonstrated that the quality of these training opportunities is at a level capable of producing measurable differences in both the knowledge and behavior of child care providers.

With regard to changes in knowledge, over 220 workshops were conducted providing specialized knowledge over the broad range of categories of expertise required to meet licensing requirements. These included workshops in basic child care, health, and safety issues; space and furnishings for care and learning; child development issues and children's language and reasoning skills; planning and conducting learning activities; discipline and children's social development; and professional business practices and relationships with parents. When providers have this specialized knowledge, research indicates that they are much more likely to employ high quality child care practices.

An average percentage increase of 27% in participant knowledge was seen across 1634 child care professionals who attended one or more of the 208 workshops presented (at which post-pretest data were collected). A 27% increase in provider knowledge, on an individual level, is comparable to seeing a student in a classroom setting go from doing C-level work to A-level work. While changes in knowledge do not guarantee the ability to change one's behavior, such an increase in knowledge is part of what is required before we can reasonably expect meaningful change in caregiving behaviors.

With regard to efforts to improve actual caregiving behaviors, the Family Child Care Partnerships program conducted 5,430 on-site mentoring visits in the homes (i.e., child care settings) of more than 220 providers statewide. A total of 13,487 training hours were issued to these mentored providers.

Assessment of caregiving quality was carried out a minimum of twice per year with 190 mentored providers using a nationally standardized measurement tool. In mid-2007 our mentors were trained to 85% reliability in the use of the updated version of this tool, revised to reflect more stringent practice standards. A one-third point decline in overall quality scores (assessed on a 7-point scale) from the initial to final assessment was seen, in line with the estimated half-point decline predicted by the assessment's authors. In contrast, an average improvement of nearly 1 point (.80) was seen on the subscale measuring practices that promote children's social development. Outcomes in future years will be more clearly interpretable as a result of using the same assessment across time. Until this evidence is collected, steady quality gains assessed in prior years among participants argue for seeing these behavior changes in a positive light.